



1639
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Shohei Koide

Title: ARTIFICIAL ANTIBODY POLYPEPTIDES

Docket No.: 17027.003US1

Serial No.: 09/903,412

Filed: July 11, 2001

Group Art Unit: 1639

Examiner: Teresa D. Wessendorf

Commissioner for Patents

P.O.Box 1450

Alexandria, VA 22313-1450

We are transmitting herewith the attached items (as indicated with an "X"):

☒ A return postcard.

☒ A Supplemental Information Disclosure Statement (1 pg.), Form 1449 (1 pg.), and copies of two references.

VIKSNINS HARRIS & PADYS PLLP

Customer Number 53137

By: _____

Ann S. Viksnins

Reg. No. 37,748

CERTIFICATE UNDER 37 CFR 1.8: The undersigned certifies that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 29th day of September 2005.

Lynda Mau

Name

Signature

S/N 09/903,412

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Shohei Koide

Examiner: Teresa Wessendorf

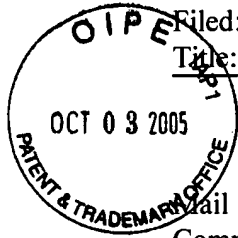
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Title: ARTIFICIAL ANTIBODY POLYPEPTIDES



SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In compliance with 37 C.F.R. § 1.56, and in accordance with 37 C.F.R. §§ 1.97 *et. seq.*, the enclosed materials are brought to the attention of the Examiner for consideration in connection with the above-identified patent application. Applicant respectfully requests that this Information Disclosure Statement be entered and the documents listed on the attached Form 1449 be considered by the Examiner and made of record. Pursuant to MPEP 609, Applicant requests that a copy of the Form 1449, initialed as being considered by the Examiner, be returned to the Applicant with the next official communication.

Pursuant to 37 C.F.R. § 1.97, no fee or statement is required with the Information Disclosure Statement. However, the Commissioner is hereby authorized to charge the required fees to Deposit Account No. 503503 in order to have this Information Disclosure Statement considered. The Examiner is invited to contact the Applicant's Representative at the below-listed telephone number if there are any questions regarding this communication.

Respectfully submitted,
Shohei Koide
By his Representatives,
Viksnins Harris & Padys PLLP
P.O. Box 111098
St. Paul, MN 55111
952 876-4091

Date 29 Sept 2005

By

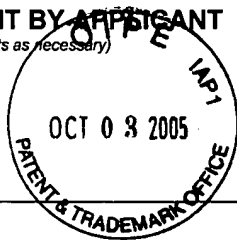
Ann S. Viksnins
Ann S. Viksnins
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Lynda Mau
Name

Lynda Mau
Signature

Substitute for form 1449A/PTO and/or 1449B/PTO
**INFORMATION DISCLOSURE
 STATEMENT BY APPLICANT**
 (Use as many sheets as necessary)



Complete if Known

Application Number	09/903,412
Filing Date	July 11,2001
First Named Inventor	Shohei Koide
Group Art Unit	1639
Examiner Name	Teresa Wessendorf

Sheet 1 of 1

Attorney Docket No: 17027.003US1

US PATENT DOCUMENTS

Examiner Initials *	US Document Number	Publication Date	Name of Patentee/Applicant of Document

FOREIGN PATENT DOCUMENTS

Examiner Initials*	Foreign Document Number (include country code)	Publication Date	Translation (Abstract Only or Full Translation, if applicable)
	WO 02/04523	01/17/2002	
	WO 03/104418	12/18/2003	

OTHER DOCUMENTS -- NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Include last name of the first author (in CAPITAL letters), "Title of the Article", <u>Title of the Source</u> (book, magazine, journal, serial, symposium, catalog, etc.), <u>Volume-Number</u> , page(s) and (date).

EXAMINER

DATE CONSIDERED

Substitute Information Disclosure Statement Form (PTO-1449)

* Examiner: Initial if document considered, whether or not the citation is in conformance with MPEP 609. Draw line through citation if not considered. Include copy of this form with next communication to Applicant.